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ON ETHERIZATION IN LABOR.

BY C. G. PUTNAM, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 519, vol. xxxvii.]

THE paramount question in regard to etherization is its safety. We are not justified in introducing so disturbing an element into a natural, and for the most part healthy process, unless it is unquestionably safe to mother and child.

Within my own observation there has not occurred any serious accident, immediate or remote, that could be attributed to the use of ether. This point may be illustrated by a reference to some of the cases cited.

According to Dr. Churchill's estimate, the mortality of the children, in breech presentations, after making allowance for causes which may have influenced the result, is 1 in 3 $\frac{1}{2}$. In forceps cases, it is 1 in every 4 or 5. In cases of turning, the mortality of the mothers is 1 in 15—of the children, rather less than 1 in 3. Among the cases which I have related, one of the children was delivered by turning, three by the forceps, and one was a breech presentation. In these five cases the mothers and children did well. This may have been accidental; but I think it may be fairly argued, that the effect of ether was not prejudicial. Had it been so, it would have been manifest in cases, all of which were in their nature hazardous, and in one of which the chances of life and death were very nearly equal.

But, although safe, it is not free from objections that render its indiscriminate use inexpedient. The excitation, for example, that usually is expended in trivial nervous sensations, will sometimes declare itself in positive convulsion, and the cerebral symptoms which usually disappear in a few hours may last for many days. I have not met with these or any formidable symptoms, nor do I believe them to be common; but we know that they sometimes occur. The idiosyncrasy that gives rise to them can be readily detected, and if we wish to satisfy ourselves of its existence in any particular case, we have only to institute a preparatory trial.

The effect upon the sensations was various. In nearly all, the first feeling was that of giddiness and loss of power in the extremities. One complained of faintness, and "indescribable confusion in the head,"

but preferred to endure it rather than the unmitigated pains of labor. In one, only, there ensued unnatural irritability, with very little diminution of pain. Where entire loss of consciousness was produced, it was most commonly preceded by exhilaration and diminished sensibility; but some without precursory excitement fell into a gentle sleep. In some there was an agreeable exhilaration. In this class of cases, etherization caused not an insensibility, but rather an indifference to pain, while at the same time it did not apparently disturb the mechanism of labor. The patient was conscious that the labor was progressing, and that pain was present, but deprived of its sting.

In all ordinary cases this may be considered the most desirable condition, and there are various gradations from this to the state of profound unconsciousness. The different degrees of insensibility, from their nature, cannot be exactly defined.

As to the amount necessary to be administered, there is no criterion but the effect in the individual case, and the object we have to attain. If the patient is readily susceptible, a few deep inspirations will be sufficient to induce the exhilaration which, perhaps, will be all that is desired; but if, instead of a dreamy semi-consciousness, there should ensue disagreeable excitement, the inhalation may be prolonged until quiet is attained. In one of the cases related, this course was pursued, and the repose was as profound as the agitation had been violent. In one case the posture of the patient regulated the amount quite accurately. She was lying on her right side, and holding the sponge with the right hand. On the first premonition of pain, she applied it herself, until approaching insensibility caused her hand to drop.

I have administered it in the very first period of labor. It may promote the dilatation of the os uteri, and it tends to dissipate the despondency and irritability which often attends it. In the expulsive stage, especially in primiparæ, I have found it expedient to suspend the inhalation for one or more pains, in order that the voluntary muscles might be brought into unlimited action. Towards the close of the labor, when the expulsive action is well established, and more especially when the head is about to pass the perineum, I have given it without reserve.

Fears have been expressed that ether would endanger the well-being of the child and the convalescence of the mother—that it would cause imperfect contraction of the uterus, whereby the process of labor would be delayed, and the risk of subsequent hemorrhage incurred.

I have several times examined the fœtal heart during labor, and have detected nothing unusual; and though the breath has sometimes smelt strongly of ether, no ill consequences have followed. The same is true of the convalescence of the mother. Indeed, if any measure had been adopted expressly for the purpose of promoting convalescence, the result would have been considered successful.

In three cases there was hemorrhage after delivery. The first was after a lingering labor, which was terminated by the forceps. The second after a tedious breech presentation—the patient being at the time

in feeble health. The subject of the third case had hemorrhage after the birth of her two first children, and I had taken the precaution, on three subsequent deliveries, to give ergot just before the child was born. It caused her, however, considerable pain, and the last time I omitted it. She did well—and trusting to that, I omitted it on this occasion. The result was not so fortunate. I think it will not be doubted that the causes of the hemorrhage were to be found in the nature of the cases—and were independent of ether. With these exceptions the contraction of the uterus was, in all cases, immediate and thorough.

The remaining point to be noticed is the effect of ether on the duration of the labor. Other things being equal, that is the most perfect labor in which there is the most perfect correspondence between the efforts on the one hand and the resistance on the other. The powers of both parts of this process are impaired by etherization, and the question arises how nearly the due proportions are preserved. When we abstract from one side a certain amount of expulsive force, do we restore the balance by a proportionate diminution of resistance. The effects of etherization vary according to the idiosyncrasy of the subject and the degree to which it is carried. In one of the cases related, there was no perceptible loss of expulsive power; but this is rare. Again, many facts prove, and among others, the well known case of Levet, that the uterus possesses inherent independent power. The aid that is given—the sort of fulcrum that is supplied by the diaphragm and abdominal muscles, is not essential to its effective action. I am convinced, nevertheless, that more time is lost, when even these subsidiary muscles are paralyzed, than is gained by the relaxation and diminished resistance. But not only are the voluntary efforts impaired, but the action of the uterus itself is at times overpowered, and the process of parturition suspended.

There are conditions, however, in which the positive unequivocal advantages of ether far outweigh any temporary evils: in which it is not merely yielded to the patient's comfort, but demanded by her necessities. The muscular action may be inordinate, wasting the strength without advancing the labor—inflicting injurious pressure upon the soft parts, and thereby compromising the safety of mother and child. These, besides various mental disturbances, are materially controlled and relieved by the use of ether. Above all, in obstetric operations, the patient is saved much suffering. Apart from the prostration and other immediate and remote evils consequent upon the use of antimony, opium and venesection, which, to be effective, must be full, they often fail to produce the desired relaxation and repose. If the cases related should not prove to be exceptions, we have in ether a most valuable auxiliary. Any one who has encountered the resistance and benumbing pressure of the uterus in a case of difficult turning, will feel that it was here pre-eminently useful. Under the particular combination of circumstances the operation might have been difficult and dangerous, if not impossible, unless by means of an unjustifiable degree of force. In no case is violence more to be deprecated.

Erratum.—On page 516, 7th line from bottom, for “without,” read *with*.

CLINICAL RECORDS AND POST-MORTEM ILLUSTRATIONS OF
TYPHUS OR SHIP FEVER.

BY J. B. UPHAM, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 516, vol. xxxvii.]

CASE V.—Cath. Gaffney, aged 18, landed from ship St. Petersburg, in quarantine, January 7, 1848. January 20th, was admitted to Hospital on Deer Island, about the 8th or 9th day of the fever—a well-marked case of ship typhus. About 30 hours before death, symptoms of jaundice appeared, though not then in a very marked degree. There was the yellow conjunctivæ and general discoloration of the surface, with the customary deep color of urine and light stools.

This patient had no delirium.

Autopsy, 16 hours after Death.—Exterior: subject well developed, no emaciation. Muscles large and firm, of good color—much rigidity. Petechial spots on chest, shoulders, and loins, same as in life. Posterior portion of body shows a considerable number of livid patches—superficial, apparently in rete of skin. Chest well formed, and resonant on percussion. Abdomen moderately full and soft, without tympanitis. Surface of shoulders, neck, and face, tinged with yellow.

Head.—A few points of dark blood on external aspect of dura mater. Longitudinal and lateral sinuses filled with black, fluid blood—arteries empty—the membrane itself normal; arachnoid transparent, and of usual thickness, with no effusion in its cavity. Pia mater natural; veins between convolutions distinct, moderately full and dark. No adhesion of membranes to each other, or to substance of brain. Surface of cerebrum slightly reddened generally. Cortical substance firm and of natural color. Medullary substance also normal in consistence and hue; its section presents only the usual minute dots of blood. Lateral ventricles contain their normal quantity of serum. Cerebellum natural. Base of brain natural. No unusual effusion in sub-arachnoid space. Medulla oblongata and commencement of spinal cord present nothing remarkable.

Neck.—Lining membrane of trachea is slightly reddened and covered with a thin reddish mucus—œsophagus normal.

Thorax.—Pericardium contains an ounce of thin, reddish serum; no adhesions to its contained organ. Heart of natural size; its walls of usual thickness and consistence; no reddening of its lining membrane; valves normal; a small quantity of coagulated lymph in left ventricle, coated with black, tenacious blood. A medium quantity of greenish yellow coagula in right ventricle. The blood contained in the cavities of the heart and in the aorta is unusually fluid and sily; its clot, when found, loose, easily broken down; the walls of large vessels smooth and shining, as though moistened by a fluid consisting of water and oil. No effusion into cavity of pleura. Lungs natural on anterior aspect, of grayish white color; crepitating on pressure. Right lung considerably engorged in lower and posterior portions of middle and inferior lobes.

Left lung less congested than the other—crepitates in every part, with the exception of a portion of its apex to the extent of one or two inches, which is impermeable to air; no trace of tubercles discernible. Smaller bronchi filled with frothy mucus. Mucous membrane of large bronchi somewhat stained, but natural in consistence.

Abdomen.—A layer of fat, one half inch in thickness, beneath the skin. Omentum loaded with fat. Liver $\frac{1}{3}$ larger than usual. Color, externally and internally, and consistence, good—vessels gorged with dark, dissolved blood. No disorganization of structure in any part. Gall-bladder of moderate size, filled with greenish yellow, watery fluid. Spleen of natural color externally; five to six inches in length by three and a half in breadth; not softened; its contents dark and grumous. Pancreas normal. Stomach normal externally—contains a couple of ounces of thin straw-colored fluid. Around cardiac orifice, to the extent of about three inches, the internal surface is studded with minute red dots, the membrane being here somewhat softened—as also along greater curve for two thirds of its extent. Pyloric third natural in color and consistence, the mucous membrane peeling off in strips of seven or eight lines in length.

Intestines, externally present slight discoloration along whole course of duodenum, some portions of jejunum and lower half of ileum, more in colon. Mesenteric veins dark, distinct and somewhat congested. Both small and large intestines nearly empty, containing only a grayish pultaceous fluid, adherent to their walls. Mucous membrane of duodenum reddened, with some thickening and softening. In the upper third of jejunum there is slight general congestion, but no manifest alteration of texture. Lower half of ileum slightly but uniformly engorged. Peyer's patches in half a dozen instances distinctly visible, with, in one or two instances, a little softening of mucous membrane, which softening also extends to adjacent surface. Colon contains no true fecal matter—its mucous membrane healthy. Brunner's and isolated follicles not developed. Kidneys natural. Mesenteric glands firm and small, none exceeding a pea in size. Uterus and bladder normal.

Observations.—This case presents nothing remarkable, if we except the jaundice which made its appearance a short time before death—a complication occasionally observed, and which has generally proved untoward. Death took place at an earlier period than usual. The autopsy harmonized with those previously made, with the exception of the enlarged liver and spleen, which have not usually been noticed.

CASE VI.—John McLaughlin, 23 years of age, landed from ship Washington in Quarantine on the 15th of Dec. last. On the 29th of same month was admitted to the Deer Island Hospital, being then in the first stage of the fever. Had, at time of admission, the usual preliminary symptoms of typhus. Dec. 30th, complained of headache, with pains in back, limbs and loins, and general soreness of muscles, well characterized by the bruised feeling before mentioned—hot and dry skin, dusky hue of face and surface generally, universal sensitiveness of body, and an eruption of florid maculæ appearing on shoulders, chest and abdomen.

On the 5th day from admission all the above symptoms were aggravated. Spots petechial and cover whole body except face, hands and feet—pulse 112, weak, feeble, compressible—a strong, offensive and peculiar odor exhales from whole surface. On the 7th day pulse 120 and scarcely perceptible—prostration very great. The pulse came down to 112 again on the 9th day, still feeble and compressible. On the 13th pulse was 100 and a little stronger—general appearance improved. This improvement was of short duration, the preceding conditions returning on the following day.

These symptoms of prostration and general depression of the vital energy increased throughout the remaining term of the disease, there being no particular determination of its force to any part. There was, throughout, a dull headache, injected conjunctivæ, and a tendency to delirium at night; but the cerebral symptoms were at no time very decided. There was some cough, accompanied with slight bronchial mucous râle, and dullness on percussion at posterior and inferior portions of the chest. The abdomen was throughout free from pain and tympanitis. A tendency to constipation was constant. The patient died on the 22d January, being the 29th day from the accession of fever.

Autopsy, 64 hours after Death.—Subject is of medium size, well developed. Emaciation very great, muscles flabby. Chest full and resonant. Abdomen sunken. No petechial spots; general discoloration of depending portions of body.

Head.—On removing the calvarium, sinuses of dura mater are found moderately filled with dark fluid blood—a considerable number of small globules of blood sprinkled over its external surface, no thickening or other alteration of the membrane. Arachnoid transparent, of the usual thickness; contains in its cavity a very small quantity of effused fluid. Pia mater a little congested. Veins between convolutions of cerebrum distinct, filled with dark blood. No adhesions of membranes to surface beneath. The brain has a slight uniform redness on its surface. Cortical portion firm, of natural color. Medullary substance likewise of natural color and consistence; a horizontal section reveals numerous minute dark points of blood. Half a drachm of pure serum in each lateral ventricle. On the lower aspect of cerebellum veins are more engorged than elsewhere; substance of cerebellum normal. Base of brain presents nothing unusual.

Neck.—Lining membrane of pharynx slightly reddened. Œsophagus healthy. Some reddening of mucous membrane of larynx and trachea; its texture normal.

Chest.—Each pleura contains in its cavity an ounce and a half of reddish serum; no adhesions between their surfaces; pleura itself normal. Lungs anteriorly grayish white, dotted on the surface with minute melanotic spots, on their inferior as well as posterior aspect of a deep red hue, which is more intense in the depending portions. The substance of posterior of middle, and posterior and lower portions of lower lobe in right lung, and the same portions in lower lobe of left, is considerably engorged; a section of these parts presents a bright red color, and the

larger bronchial tubes here contain a very thick, tenacious pus-like mucus. In other parts the bronchia contain a thin reddish frothy secretion. The whole pulmonary tissue crepitates between the fingers; no traces of tubercle in any part. Diaphragm is stained in the parts corresponding with engorged lung, which rests upon it. Pericardium normal—contains no effused fluid—no adhesions of its surfaces. Heart of natural size and appearance—its walls firm; right auricle and ventricle contain a small amount of yellowish coagulated lymph; left ventricle has a small loose clot of dark blood; a similar clot extends into the pulmonary artery. Valves normal. The blood contained in the heart and aorta is dark, fluid and sisy. Commencement of aorta contains a large firm coagulum of greenish lymph.

Abdomen.—A very slight layer of fat beneath the skin. Omentum transparent, its vessels well marked. Liver natural in size; a few superficial livid patches on its external surface—in other respects color natural, its structure firm, of natural color—vessels filled with a grumous oily fluid; under surface of left lobe, and to the extent of two or three inches around the gall-bladder on the right lobe, stained of a deep turtle-green color. Gall-bladder of a bronze hue externally, its internal lining also of the same color; distended with a thick tarry fluid, which holds in suspension numerous minute granules. Spleen three and a half inches in length by two and three fourths in width, natural externally, its internal structure firm, reddish brown; interspaces filled with dark grumous fluid. Pancreas normal. Kidneys normal in size and structure—their infundibula coated with a tenacious puruloid mucus similar to that found in the larger bronchia. Stomach of medium size, discolored externally along its greater curve; contains two ounces of a thick yellowish fluid. The color of its lining membrane generally is a dirty white—around cardiac orifice and along the lesser curve to the extent of three or four inches, mucous membrane is injected in patches and softened—there is discoloration and also some softening in the lower portions of greater curve; pyloric third of greenish tinge, the mucous texture firm, peeling off in strips of ten lines. *Intestines* are somewhat discolored externally, more in lower half of ileum; colon of greenish tinge. Small intestines moderately filled with yellowish semi-fluid fecal matter. Internally, duodenum is discolored and slightly injected in points—jejunum normal—ileum along its lower third uniformly discolored, the hue deepening towards ileo-cæcal valve—veins of sub-mucous tissue in this portion distinct, dark, congested, which condition is more marked where the general discoloration is greatest—the mucous texture in this portion of the small intestine is also softened; near ileo-cæcal valve two or three of Peyer's patches were manifest, roughened not raised, darker than the surrounding surface, their mucous membrane entire but softened—higher up a few more were seen obscurely, and presented the dotted appearance before mentioned. Colon filled throughout with softened feces, its mucous lining of greenish tinge somewhat softened throughout. No appearance of Brunner's or isolated glands. Veins of mesentery distinct, mode-

rately distended, dark. No alteration of mesenteric glands. Bladder about half filled with reddish yellow cloudy urine.

Observations.—In the preceding case the characteristics of the fever were strongly exhibited. The autopsy was necessarily deferred till a later period than usual after death; the increased discoloration in various parts, and the general softening of the mucous coat in the depending portions of the stomach as well as in the lower fourth of the small and throughout the whole course of the large intestines, seemed rather the result of cadaveric change.

The next few cases illustrate the course and pathological phenomena of the secondary *intestinal* affection, which came on after the fever, at a variable stage of convalescence, was of frequent occurrence, and fearfully fatal.

CASE VII.—Catharine Cochland, 24 years of age, born in Ireland, was admitted to Deer Island Hospital 22d Nov. last. She was of medium size and stature—rather delicate constitution, with a tendency to the scrofulous diathesis. She had been eight months in this country. When first admitted to the wards she was laboring under a severe attack of maculated typhus, which had then reached the sixth day. From this she recovered without any marked phenomena, with the exception of a slight attack of diarrhœa, which came on in an advanced stage of the fever, but yielded readily to the usual remedies.

During the latter period of her convalescence she partook freely of forbidden articles of diet, which was followed by diarrhœa in an aggravated form. This state of things she carefully concealed for two or three days from her nurse and medical attendants, when her rapidly failing strength attracted notice.

This was on the 23d December, at which time she had frequent discharges of thin, yellowish-white frothy liquid, of very fœtid odor. She had a flabby red tongue, feeble pulse, cool skin, and great general prostration, but complained of no pain. Her abdomen was full and soft, somewhat tender on pressure.

Dec. 24th.—No improvement—prostration great—stools frequent, very fœtid, assume a darker hue—are mixed with large quantities of depraved secretions.

For three or four days following, no improvement was observed; stools became more frequent, dark and offensive—strength rapidly failed. She died Dec. 30th, 6 o'clock, A. M.

Autopsy, 12 hours after Death.—But little emaciation; no wasting of muscles; very slight depression of supra-clavicular region, more apparent on left side—in other respects chest presents nothing remarkable externally. Some tympanitis of abdomen.

Interior of head, neck and thorax not examined.

Abdomen.—A layer of fat a fourth of an inch in thickness beneath the skin. On removing the integuments, contents of the cavity presented nothing remarkable externally. Omentum contained a moderate quantity of fat. Liver perfectly normal. Gall-bladder normal in size and appearance externally; filled with a dark, tenacious, tarry fluid.

Spleen of natural size, color and consistence. Pancreas normal. Stomach normal externally, contains half a pint of thin, greenish fluid; internal lining membrane of healthy color and consistence; natural secretion abundant. *Intestines.*—Externally, discolored from about the commencement of the ileum, onward throughout the remainder of their extent. This apparent discoloration seemed rather an opacity of the walls, resulting from the affection of the internal lining membrane; it was most marked along the lower three feet of ileum. There were extensive old adhesions of ascending colon to parietes of abdomen. Internally, duodenum normal. Jejunum somewhat congested and discolored at its lower portion.

Ileum has its internal lining uniformly discolored and congested; in its upper third the membrane becomes sensibly thickened, which thickening gradually increases till within two or three feet from the ileo-cæcal valve, when it continues for the remaining distance the same. From about five feet above ileo-cæcal valve downward, the mucous membrane puts on a peculiar appearance. The thickening here amounts to real hypertrophy, and appears in the form of transverse *ridges* thickly crowded together, completely encircling the intestine, and raised from a line and a half to two lines above the general surface; these ridges terminate abruptly at the border of Peyer's patches, giving to them a depressed appearance, which at first led to the supposition that they were ulcerated or otherwise altered from their normal condition; but on a careful examination these glands were found unaffected, the mucous membrane over them being entire and normal.

The large intestine in the cæcum, ascending and first half of transverse colon, reveals its internal lining somewhat thickened, with occasional patches of ulceration not extensive or deep; from about the middle of transverse colon these superficial ulcerations become more numerous; near the angle formed by the transverse and descending portions, the thickening is suddenly much increased, with hypertrophy of the muscular coat, much diminishing, for the space of a couple of inches, the calibre of the tube. This last has the appearance of being an old lesion. Just above this point the intestine is sacculated, and the ulcerative points more numerous, deep and extensive. Along the descending colon and upper half of the rectum the ulcerations and thickening are still more manifest. The internal surface of this intestine is blackened throughout. The ulcerations are confined to the mucous coat, irregular and varied in size, covered with a foul sanious exudation.

Of the mesenteric glands, some few at upper portion exhibited chronic enlargement, apparently of long standing; two or three towards lower portions of ileum were slightly enlarged and evidently somewhat inflamed—while others still were partly filled with tubercular matter, both in its crude and softened state. The glands of Brunner and the isolated follicles were not noticed.

Remaining contents of abdomen normal.

Observations.—This case shows fairly the character of the affection under consideration, as it has been often witnessed in the hospital con-

nected with the House of Industry, as well as at the quarantine station. We had been able to find no account of the pathology of this sequel to the fever, and had, up to this time, made no *post-mortem* investigations of such cases. The treatment here adopted was wholly empirical. We had seen a vast many patients die under many different plans of treatment, and began to be discouraged from attempting further remedial measures.

The patient complained of very little pain throughout. The intellect was unaffected.

The interior of the head and chest were not examined, the autopsy being necessarily made in the evening, after an unusually laborious and depressing attendance in the fever wards of the Hospital. From the constitution and previous history of the patient, we might infer that considerable alterations would have been found in the lungs—but it is not probable that either the chest or head would have revealed changes having any important connection with the peculiar lesions found in the intestinal tract.

[To be continued.]

ON RETENTION OF THE PLACENTA.

BY EDWARD WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN the Medical Journal for the 17th of November last, I find a paper by Dr. Sutton, of Georgetown, Ky., on Retention of the Placenta, in which reference is made to an article of mine upon the same subject, in the 26th volume of the American Journal of the Medical Sciences.

I feel highly indebted to Dr. Sutton for the very complimentary manner in which he notices my paper; but there are one or two particulars in his remarks which call for an answer. Dr. S. observes (excepting from his censure, in a note, *the present company*) that the profession are too prone to exhibit successful cases to the world, and keep back the unfortunate ones. It has appeared to me, that of late, rather the reverse of this has become true. So much attention has recently been paid to the study of pathological anatomy, that no case is deemed complete or fully worthy of publication, without the results of a *post-mortem* examination attached. It is indeed true that every case which terminates favorably, is liable to the objection that it might have terminated as favorably if an opposite practice had been pursued. If the placenta is retained in one case, and the lady suffers no ill effects; we have no means of proving that she would have suffered more, if it had been removed directly after the birth of the child. In fact, the practice of one individual, however extensive it may be, can afford no basis upon which a general rule can be founded.

During my practice in Boston, I pursued the course which I had heard and seen recommended by the most intelligent and experienced instructors. This was, if the placenta was not found loose in the va-

gina immediately after the birth of the child, to wait quietly fifteen or twenty minutes, before interfering in the slightest degree. The pains cease, the patient is exhausted by her previous sufferings, a few minutes rest is grateful, and she will generally entreat for it. After this interval, the pains commonly returned, and I then afforded gentle assistance by drawing upon the navel string, during the continuance of the pains. When more assistance was required, I passed up my hand guided by the funis, and grasping the dependent portion of the placenta, aided the natural efforts in this manner. From half an hour to an hour was the longest time I recollect ever being compelled to wait; except in the single case recorded in the paper alluded to, where the placenta was retained nine hours. I now state, in the most positive manner, that neither had I at that time, nor have I since, witnessed any ill effects produced by or succeeding the retention of the placenta beyond the usual time.

During the last six or seven years, my practice has been similar. Singularly enough, however, whilst in Boston, my cases always followed the general rule, the placenta coming away within half an hour, almost without assistance; I have scarcely met with a case here, where it was not delayed, and where some assistance was not required. I have met with but one instance of adherent placenta. This was consequent upon the birth of an eight months child. In this case, I waited five hours, and then by introducing two fingers, I succeeding in carefully detaching the secundines from the adjacent walls, and removed them without difficulty. My patient did perfectly well, and the day after expressed her entire ability to resume her household occupations.

This is the longest case of delay I have had here. When I have failed in accomplishing the object by moderate traction of the cord or upon the dependent portion of the placenta; and found, after what I considered a reasonable delay, that it was not likely to be expelled by the efforts of the uterus; I have passed up my finger, and employed it as a hook, in the manner described by Dr. Sutton. The patients have in every case done well.

I consider, and I believe my opinion will be sustained by that of the best obstetric writers and practitioners, that labor is a natural and healthy operation; consequently nature is competent to the performance of all its functions. The greatest improvement in modern midwifery over that of the ancients, consists in the adoption of the principle of non-interference, unless assistance is imperatively demanded. Throughout the whole progress of labor, the practitioner has to contend against his own feelings; his desire to relieve the sufferings of his patient, as well as the more selfish desire to be released from tedious attendance. After the birth of the child, he is naturally impatient of what seems unnecessary and unexpected delay; he is anxious to see his patient fully secure, and to be at liberty to return to his other patients, or to his family concerns. The temptation to hurry the delivery of the after-birth, and to proceed even to violence, is therefore almost irresistible. How far it is necessary to resist this temptation, every experienced accoucheur must judge. My own very limited experience, above alluded to, as well as the extensive practice of Dr. Hunter, serve to show that one person may in the

course of a number of years meet only with one class of cases ; and that the results obtained in a series of years, or in different localities, by different practitioners, or even by the same, may lead to very different conclusions.

My statement with regard to Dr. Hunter's practice, which Dr. S. refers to, is on the authority of Denman. He says, "the practice of extracting the placenta immediately after the birth of the child was nevertheless common in this country, which I am certain must have produced both much immediate and future mischief." Dr. Hunter, while practising at the Middlesex Hospital, proposed to Dr. Sandys to try the event of leaving the placenta to be expelled unassisted. "After much consideration and some delay from the dread of censure, they agreed upon the trial, and in the first instance the placenta remained twenty-four hours. No ill consequences, however, followed ; and the trials being repeated with success, it became a very frequent and almost general rule to leave the placenta to be expelled without any assistance. Several untoward, and some fatal accidents having followed this practice, it was altered ; at least it became necessary to admit many exceptions ; and after a variety of changes and observations, I believe we are at length arrived at a state of practice with regard to the management of the placenta that will with difficulty be improved ; a practice founded on common sense and observation ; that the placenta ought to be, and is generally, expelled by the action of the uterus, in the same manner as the child ; feeling ourselves at liberty and called on to assist, only when the action is not equal to the purpose, or when hemorrhage or other dangerous circumstances demand our assistance."

The above account of Dr. Hunter's practice, Denman states he had from Dr. Hunter himself. It must be remarked that, if, as Dr. S. says, Dr. Hunter was not a man to be turned from a course which he considered right by trifling considerations ; he would not have altered the practice which he found prevalent, had not that practice been attended with serious evils ; neither would he have been followed by others, had they not been aware of those evils. That the custom of leaving the placenta to be expelled entirely unassisted, should soon have been found unsafe, is not surprising ; I can hardly believe that any medical man, in these days, would think himself released from his attendance until after the delivery of the placenta. I do not mean that in case of any unusual delay, he must continue in the room with his patient until this result is accomplished ; but that she must be watched over as carefully as a person in a critical stage of fever. From this rule, I should except the case, which I believe to be a very rare one, where we are compelled to abandon the prospect of a delivery of the afterbirth ; and, as the less of two evils, conclude to leave it entirely to time and to nature.

I do not think the course recommended in my paper in the *American Journal*, could be misunderstood so far as to have it supposed that the placenta was to be left entirely to nature, as seems to have been done at first by Dr. Hunter and his followers. The plan I advocated, is pre-

cisely that quoted from Denman—a seasonable delay and great caution with regard to anything like violent interference.

I cordially agree with Dr. Sutton, however, that we should use all due means to remove the placenta with safety to the mother, when it is not expelled in a reasonable time, by the action of the uterus. What these means are, must, as Dr. S. says, be differently estimated by different members of the profession.

Newton, January, 1848.

CASE OF LABOR, COMPLICATED WITH CRURAL PRESENTATION AND UTERINE TUMOR.

BY JAMES H. ELDREDGE, M.D.

[Contributed by the Rhode Island Medical Society, before whom it was read.]

LATE in the evening of the fifth of February I was called upon by Mr. W., of this town, who requested me not to leave home, as his wife, who had been daily expecting her confinement for the last three or four weeks, had some symptoms of approaching labor.

Mrs. W. was 37 years of age. She had been married twenty years, and had borne two children, the youngest of whom was now 17 years old, and had experienced nothing unusual in her former confinements. Her health in the mean time, though not good, had been undisturbed by any uterine affection. She had menstruated regularly, and at no time had any hemorrhage or morbid discharge from the vagina. During gestation her health had been good, and the only notable circumstance attending it, was her unusual size, being as large at the fourth month as she had previously been at the full period, and increasing in proportion up to delivery, so as to cause herself much mortification, and to give to the good gossips in the neighborhood a sure prognostic that Mrs. W. was to have twins. She felt herself rather unwieldy and clumsy, but not otherwise uncomfortable.

The night was passed without calling for assistance, and I found her in the morning able to be up, about her room, having occasionally a very slight pain. Upon inquiry, I found that the membranes had given way the evening previous, and the waters had been dribbling away slowly in that time. As she had but little pain, and appeared so comfortable, I thought it best not to interfere. During the whole of the day and the following night there was but little alteration in the case, but on the evening of the second day I was informed by the nurse that there had been a discharge of black matter, which I found to be meconium, and which of course led me to suspect a breech presentation, and to make an immediate examination. I found the external parts relaxed, the os uteri dilated, and a foot protruding into the vagina. On a little search the other foot was found, and with very little effort they were both brought down to the os externum, with the head towards the pubis. Up to this time the pains had been very slight, but the examination excited some contractions in the uterus, which however subsided immediately. After waiting in vain for

half an hour or more for pains to come on, the feet were grasped firmly, and the child brought down gradually with intervals of rest, until the breech and body up to the chest, had cleared the outlet. With considerable difficulty an arm was now reached and brought down, but it was found impossible to make further progress with the labor, without using more force than I felt justified in making.

Apprehending difficulty, I had some time previous to this sent for Dr. Shaw, of Wickford, in whose experience and skill I place great confidence; and therefore concluded to wait awhile for him to arrive—the patient in the meantime not suffering much, except when interference was made. Upon the arrival of Dr. Shaw, after the state of affairs had been represented to him, it was thought best to wait awhile longer and try the effect of a strong dose of the ergot, which had been previously given in the usual quantity.

A half hour or more passing without any symptom of uterine contraction, he proceeded to accomplish the delivery, and after much difficulty succeeded in bringing away the fœtus, which was of course dead, there having been no pulsation in the cord since it was first felt. The child was of the common size, and with no other peculiarity than a large nævus covering the whole scalp. The placenta came away without difficulty, and without any unusual hæmorrhage; but this was not the end of the matter. The uterus was still large enough to contain another fœtus, or even two more. As there was no undue hæmorrhage, it was thought best, as before, to wait awhile; but an hour or more passing without any change, examination was made, and the uterus found to contain a hard, unyielding tumor, of the size of the adult head or even larger, presenting on its surface the appearance of granulations, without any investing membrane, and internally its structure was fibrous and extremely hard, firmly imbedded in the muscular texture of the uterus, and attached to it over a large surface. At its margin the fingers could be worked in so as to separate it from its attachments for a short space, but on going deeper it became so hard, and its adhesions so firm, that it was found impossible to proceed without hazarding the life of the patient. We therefore made her as comfortable as circumstances would admit, and concluded, rather than resort to any *heroic* operation, to trust the case to the *vis medicatrix nature*, which in this instance proved a most happy reliance.

She was now fully as large as is usual at the full term of gestation, the uterine tumor appearing externally to be inclined to the left side, and presenting a smooth, round and very hard surface. For the first two weeks she had frequent rigors, followed by fever, very quick pulse, and great tenderness over the abdomen. At the end of this time the lochial discharge had become copious and extremely offensive, and the tumor had evidently lessened in size. From this time she continued with gradual improvement, and lessening in the size of the tumor, up to the thirty-eighth day from confinement, when the morbid growth was discharged without pain. It was very fœtid, and had evidently been detached for some time. Upon examination it was found to be a fibrous

substance, of the hardness of cartilage, of an oval form, in its long diameter four and a half or five inches, and in its short, about three, weighing two pounds. Before its discharge it had evidently been reduced one half in size.

After the separation of the tumor, Mrs. W. rapidly regained her health, and is now (about eleven months from the date of her confinement) perfectly well.

The notable circumstances attending this case, are the absence of hæmorrhage in a labor with so little uterine contraction; the rapid growth of a tumor of that character; and the happy termination by the efforts of nature of an apparently hopeless case.

As she had, according to her own calculation, exceeded her time for four weeks, and as there was little or no uterine contraction even after the membranes had been ruptured for forty-eight hours, is it not to be concluded that a natural or spontaneous delivery could not have been depended upon, owing to the presence of so large a tumor and its extensive attachment to the muscular texture of the uterus.

East Greenwich, Dec. 26th, 1847.

A CASE OF POISONING BY OXALIC ACID.

To the Editor of the Boston Medical and Surgical Journal.

SIR.—I was called on the morning of Dec. 25th, 1847, about 4 o'clock, by Mrs. W., to see her husband, to whom she said she had just given a dose of oxalic acid and senna, by mistake for Epsom salts and senna. I directed her to give him large draughts of magnesia and water. While Mrs. W. was absent, he drank half an ounce of lamp oil, which produced slight vomiting. I saw him in about eight minutes after he took the dose; the mixture of magnesia and water had been given as directed, and I followed it by giving large draughts of chalk and water. When I thought he had taken enough of the antidotes to neutralize the poison, I gave him a large dose of ipecac., which produced copious vomiting. At this time his extremities were cold, countenance anxious, pulse 90 and weak, and he complained of pain and oppression at stomach, with continual efforts to vomit, and prostration. Directed warmth to extremities, strong mustard paste over the whole surface of stomach and bowels, and 1-8 grain morph. every half hour, until vomiting ceased, with mucilaginous drinks.

10, A. M.—He had vomited blood mixed with the secretions of the stomach, every half hour until 9 o'clock, but had been quiet since. Pulse 95; tongue and throat red and sore; tenderness upon pressure of stomach and bowels; had griping pains in bowels, and at one time had a "singular numb feeling all over"; very thirsty. Directed pieces of ice to be held in mouth until dissolved, and repeated every fifteen minutes. Continue counter-irritation.

8, P. M.—Tongue red and dry; other symptoms much the same. Directed an injection of soap and water. Continue treatment.

Dec. 26th, 9, A. M.—He had a comfortable night. Symptoms much the same. The injection produced a free discharge of a green, slimy matter. Continue treatment. The character of the tongue, throat, discharges from bowels, and treatment, continued much the same for three days more, when the redness of tongue was replaced by a slight yellow coating; the discharge from the bowels assumed a better appearance, and his appetite returned. He recovered so as to return to his usual occupation in about eighteen days. At the present time he is slightly dyspeptic, but otherwise well.

Dr. A. Hooker saw the case with me two or three times.

Mrs. W. uses oxalic acid in bleaching straw bonnets, and by mistake a quantity of it got into the medicine box. The quantity taken was not far from an ounce. The great effect of the acid was by its corrosive properties upon the mucous coat of throat and stomach; but the peculiar numbness spoken of by the patient is proof that it had its poisoning effect upon the brain. The quick administration of the antidotes stopped the progress of the poison.

Mrs. W. is an English woman, and says she cannot buy oxalic acid in London without a written order from some authorized person. Ought it not to be so in this country?

MOSES CLARKE.

East Cambridge, January 21, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 2, 1848.

Medical Society Meeting.—The Counsellors of the Mass. Medical Society will meet at their rooms in the Masonic Temple, Tremont st., at 11 o'clock this morning. Business matters of peculiar interest will be acted upon, and it is therefore desirable that gentlemen should be in their seats at the specified hour.

Death of Dr. Horace Wells.—A melancholy interest is connected with the sudden and suicidal death of Dr. Wells, from the circumstance of his name being associated with the discovery of the inhalation of gases to overcome consciousness in surgical operations. He labored incessantly to establish his claim to the honor of discovery, and certainly produced a mass of testimony that convinced many that his researches, experiments, and suggestions influenced others to proceed in a course of investigations, that finally led to the triumphant discovery of the anæsthetic properties of sulphuric ether, and subsequently, under the clear-sighted exertions of Dr. Simpson, of Edinburgh, of the same surprising qualities in chloroform.

Dr. Wells visited France, to vindicate his claim before the philosophers of Paris, and brought to the notice of the Institute his personal efforts and successful experiments. Various articles were written by him to establish

the priority of his claim, and this Journal has been a medium through which he both addressed and appealed to the medical profession in regard to this engrossing topic.

In the letters written by himself immediately before death, a fact is stated which may yet throw further light on the effects chloroform may produce on the brain, in some persons of peculiar temperament. He states that having been so much under its influence he was unconscious of the act he performed in the street that led to his arrest. Insanity seems to have been produced. He says,

"I had, during the week, been in the constant practice of inhaling chloroform for the exhilarating effects produced by it; and on Friday evening last I lost all consciousness before I removed the inhaler from my mouth. How long it remained there, I do not know, but on coming out of the stupor, I was exhilarated beyond measure, exceeding anything which I had ever before experienced, and seeing the phial of acid (which had been used a few evenings previous), standing on the mantel, in my delirium I seized it, and rushed into the street and threw it at two females. I may have thrust it at others, but I have no recollection further than this. The effects of this inhalation continued very much longer than ever before, and did not entirely pass off until some time after my arrest."

Manufacture of Chloroform.—Messrs. W. B. Little & Co., Hanover street, Boston, are manufacturing this new agent in large quantities. Much of it is packed up in phials small enough to be carried in a vest pocket, and secured at the cork in a manner to prevent loss by evaporation. The practitioner is thus saved all trouble of transferring the fluid from one phial to another. Dr. C. T. Jackson, the chemist, whose reputation is as extensive as the boundaries of science, speaks with entire confidence of the purity and excellence of Mr. Little's chloroform for all the purposes for which it may be required.

Mr. Burnett, also, in Tremont Row, is equally successful in his chloroform; and it is by no means necessary to urge upon practitioners the propriety of being particular in their purchases, from men of established reputation, since a poor article, from irresponsible sources, may be in the market.

The demand for chloroform almost exceeds belief—and we are almost disposed to ask under what circumstances it can be all used.

Medical Officers of the U. S. Navy.—It is pretty evident that the surgeons in our navy are poorly paid and imperfectly estimated by our government. It has been the wonder of the profession for years, how men of the lofty bearing and distinguished attainments which generally characterize their naval brethren, can be charmed to remain in the service. Many of them are swept off by the maladies to which they are exposed; while others linger on the threshold of expectancy, till gray hairs admonish them of the uncertainty of earthly honors.

A plain, cogent paper on the pay and rank of medical officers in the United States Navy, came to hand the other day, which called forth these observations. But having, on several occasions, in past time, adverted to this subject, and attempted to show the injustice of keeping naval surgeons

in a singularly uncomfortable position in respect both to rank and emolument, it is necessary to leave the subject here, as we found it, but not without expressing a deep regret that gentlemen of brilliant attainments, such as give character to that branch of the public service, are not considered with more pride and interest by Congress, in which body the alleviating power exists, to grant them their due as men of science and faithful servants of the government.

The Dublin Dissector.—Through the attentions of the Dublin publisher, Messrs. Hodges & Smith, we have a copy of the fifth edition of a well-known and approved work, to which numerous additions and illustrations have been made, now placing it in the very first rank of books on practical anatomy. Elementary books on anatomy have not, we think, been properly estimated. If it is necessary to study anatomy at all, it is best to do so under all the advantages which the superior attainments of those who have gone before us, have placed within our reach. The *Dublin Dissector* has had a good reputation a long while, and the author, Dr. Robert Harrison, Professor of Anatomy and Surgery in the University, has been constantly revising the text, from the first to the present beautiful edition. It now comes to us in the character of a highly-finished, accurate production, although exceedingly modest and unpretending in character. It is really a full and complete system of human anatomy, and every way worthy of the entire confidence of teachers and schools of medicine. This edition is compact, the paper firm, the type distinct, and the engravings accurately define the parts intended to be exhibited. A young beginner might follow these indications, it appears to us, and scarcely make a mistake in finding or identifying a muscle in the body. If some of the enterprising publishers here, who are always on the alert to profit by the ingenuity and learning of foreign writers of reputation, would Americanize these two volumes, a liberal patronage would be extended towards them.

Philosophy of Health.—This is a small treatise on a great subject. Its title is, "Philosophy of Health, or Health without Medicine—a Treatise on the Laws of the Human System. By L. B. Coles, M.D." While in manuscript, we looked over the pages, and ascertained there were propositions maintained in which many place little or no confidence, notwithstanding the testimony of certain earnest advocates for a thorough revolution in dietetics. Not content with the full enjoyment of their whims, some of the noisy ones keep the community as much as possible in a turmoil about what they think is conducive to health, and what is not. Dr. Coles hails from the ranks of the vegetable eaters; but if he really abominates beef-steaks and butter, he is modest and unobtrusive with regard to his opinions, which should be regarded as a virtue in this age of radicalism. He inculcates many excellent things, which, properly observed, would lead the way to a pleasant old age, free from the infirmities that have their origin in a violation of the physiological laws. Ticknor & Co. are the publishers, who will unquestionably give an activity to its distribution over the literary world.

Dr. Smilie's Improved Instrument for inhaling Chloroform or Ether.—Recently devised by E. R. Smilie, and manufactured by N. Hunt, surgical

instrument maker, has been exhibited to, and used by, some of the principal physicians of the city, and is said to possess the following peculiarities, that recommend it as superior to those now in use. The receiver is of glass, flattened upon either side, having apertures like those used for chemical purposes, if we except the superior, which is placed far back upon a line, and almost opposite the one adapted for the reception of the mouth-piece, affording a chamber above, between the two openings, for the rise and combination of the vapor with the air, free from the intervention of sponge. Thus obviating, by the union of the vapor with the current of air from the opening, the exhilarating effect and tendency to asphyxia, produced by the division of the atmosphere and the contact to which it is subjected in its passage through the minute cells of a compressed sponge, forcing a combination which only serves to reduce the anæsthetic power of the agent, without affording the patient the protective qualities of oxygen, while it in no way hastens the state of insensibility. Into the apertures are fitted ground stoppers so as to prevent the evaporation and waste of the agent used, when disconnected with the mouth-piece, and from its size the receiver may be carried in the pocket without inconvenience. The mouth-piece is of glass, and is connected with the receiver by a silver tube, within which are the valves that prevent the passage of the breath from the lungs into the retort, and allow of its escape.

Surgery in Madison County, N. Y.—A correspondent in a flourishing town in this county, writes—"We are using *chloroform* with much success in this vicinity, and without any apparent ill effects. I operated yesterday on a patient for *strabismus*, with the best results. I operated this morning, without the chloroform, for cleft palate; patient healthy and robust, 50 years old. The parts near the delta, or anterior extremity of the cleft, were so remote from each other, and so rigid, that I was obliged to dissect them off the palatine bone to enable their edges to meet."

TO CORRESPONDENTS.—In addition to papers already acknowledged, and for the insertion of which, space has not yet been found, others have been received from Drs. U. Potter, of Hallsville, N. Y.; "A Smoker, &c.," New York; Dr. Wilbur, New York; and Dr. Dwinelle, Cazenovia, N. Y.

ERRATUM.—Page 524, line 5, for "found," read formed.

MARRIED.—Dr. Farman Field, of Mt. Pleasant, N. Y., to Miss A. Moubray.

DIED.—At West Newton, Mass., very suddenly, Dr. Moses P. Greenleaf, 31.—In Brookfield, Vt., Dr. Joseph Blair, 32.—In New York, by severing the femoral artery, while in prison, having, it is said, previously taken chloroform, Dr. Horace Wells, a dentist, who claimed to be the discoverer of the method of relieving patients of consciousness of pain by inhalation of gases.—At Terre Haute, Indiana, Dr. Ebenezer Daniels, formerly of Worthington, Mass, 57.—In New York, by dividing the femoral artery, Dr. Murray, of Augusta, Geo.

Report of Deaths in Boston—for the week ending Jan. 29th, 69.—Males, 35—females, 34.—Stillborn, 2. Of consumption, 6—typhus fever, 13—lung fever, 4—teething, 2—infantile, 9—convulsions, 7—croup, 1—pleurisy, 2—inflammation of the lungs, 4—dropsy, 2—scald, 1—old age, 1—disease of the spine, 1—disease of the liver, 1—marasmus, 2—apoplexy, 1—erysipelas, 1—suicide, 1—inflammation of the bowels, 3—diarrhoea, 1—dysentery, 2—intemperance, 1—debility, 1—smallpox, 1—disease of the brain, 1.

Under 5 years, 27—between 5 and 20 years, 5—between 20 and 40 years, 24—between 40 and 60 years, 6—over 60 years, 1.

Vital Statistics.—A very interesting comparative table has been drawn up by M. Marc d'Espine, in the *Annales de Hygiène*, relative to the laws of mortality and survivorship at the different ages of human life. It is calculated upon the 10,203 deaths which took place in the Canton of Geneva, from 1838 to 1845. It appears from this table, that upon 1000 individuals there were left at ten years of age, 744; in the 16th century, however, only 480 went beyond ten. This increase in favor of our times has been constant: thus at forty years of age, in our times, 529 individuals survive upon 1000; in the 18th century only 427; and in the 17th merely 296; and lastly, at the end of the 16th, so little as 206, showing that in the 16th century only one-fifth of the individuals born went beyond the age of forty, whilst in our age not even half of the births are absorbed at 40 years. At the age of fifty, in our days, 438 are left out of 1000; at sixty, 346; at seventy, 238; which latter number is more than there were left at forty years of age in the 16th century. At this same age of seventy there were left upon 1000 in the 18th century, 145; in the 17th century, 80; in the 16th, 41. At ninety, in our days, 8 individuals are left upon 1000; in the 18th century only five remained; in the 17th century, merely 3 7-10; the 16th, 2 3-10. Finally, at ninety-five years of age, there are left 146 survivors on 100,000 individuals; at ninety-six, 74 are left; at ninety-seven, 49; at ninety-eight, 29; and lastly, from ninety-nine to one hundred and two years of age, 9 only remained upon 100,000 births. The statistical tables of Matlet, Heyer, and Lombard, have been used for the centuries preceding the 18th.—*L'Union Médicale*, December.

Rewards to the Fever Officers and Surgeons.—We are most happy to be able to state, that Government has recognized the claims of the families of those humane and brave officers and surgeons who perished in this town from fever, while in the discharge of the duty of relieving the sick and destitute. Early in the year Mr. Rushton, with his usual active benevolence, made strong representations to Sir George Grey, and his endeavors did not want the support which Mr. Austin, the Poor-law Assistant Commissioner, could officially give. The result has been, that Government has placed at the disposal of the two rectors and Mr. Rushton (with whom Mr. Austin forms a committee), a sum equal to one year's salary for each of the officers and surgeons who died in the discharge of a sacred duty.—*Liverpool (Eng.) Journal*.

Use of Ether Vapor in Operative Surgery.—The introduction of the use of ether vapor in the practice of operative surgery is, undoubtedly, one of the greatest discoveries of modern science. Of the relative merits of ether and chloroform we do not, at present, offer any opinion; they have yet to be established; but to the discovery of the use of ether vapor we owe the employment of chloroform. That the latter agent is the more powerful has been clearly proved, by upwards of one hundred experiments on animals. An account of these highly interesting experiments is now in our possession for publication.—*London Lancet*.